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ABSTRACT

A questionnaire survey was conducted to determine whether or not the need for training in continuing education was perceived by those working in the field. This determination of need was undertaken to determine the feasibility of offering programs of professional preparation in continuing education for persons engaged in continuing education in the health professions. A questionnaire consisting of seven items related to the need for training in continuing education was distributed to health science professionals in the United States and Canada. Eighty-six percent of the respondents indicated that they thought it necessary or desirable for those involved in planning or conducting continuing education programs to have professional training in continuing education as well as in a health specialty. Almost 75 percent of the respondents added that they would like their present personnel to receive some professional training in continuing education. Conclusions include: (1) There was a need expressed by those in the field for programs of professional preparation in continuing education for the health sciences and this expressed need existed at a fairly high level; (2) The willingness to support programs of this sort is related to the number of persons currently employed in the field and financial support from non-university sources would be required; and (3) Several types of programs would be required and there should be an emphasis on the practical application of principles related to adult learning. (Author/CK)

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# A Survey of The Need for Programs to Prepare Members of The Health Professions as Specialists in Continuing Education

*The University of British Columbia*
*Vancouver 8*
*British Columbia, Canada*

W. K. Kellogg Foundation Project Report No. 1

AD 012 727

# A SURVEY OF THE NEED FOR PROGRAMS TO PREPARE MEMBERS OF THE HEALTH PROFESSIONS AS SPECIALISTS IN CONTINUING EDUCATION

Gary Dickinson
Assistant Professor
Department of Adult Education
Faculty of Education
University of British Columbia

Adult Education Research Center
and
Division of Continuing Education
in the Health Sciences

Vancouver, 1972

# PREFACE

With the assistance of the Division of Continuing Education in the Health Sciences, a survey was made to assess the need for specialized programs to prepare members of the health professions to organize and conduct continuing education. This survey was conducted by mailed questionnaire and the responses amounted to 46 percent which is itself evidence of interest in the subject. Because this is the first such survey and because of the interest expressed by the respondents, this report of the survey is published in order that it may be more readily available to others.

This is the first of a projected series of publications supported by a grant from the W. K. Kellogg Foundation. Additional reports relating to continuing education in the health sciences will be issued from time to time as the project produces materials of general interest to the field.

Coolie Verner,
Professor of Adult Education
Director

# INTRODUCTION

The rapid advancement of knowledge in the health sciences has called into question the ability of practitioners to prevent professional obsolescence through the traditional methods of independent, unguided study. This random pattern of information seeking does not provide the most effective way of learning since it is unorganized, undirected, and may lack a clear purpose. For learning to be effective, there should be guidance and structure provided by a person whose primary concern lies with creating the best possible situation in which health professionals can learn.

In an increasing number of cases, the learning experiences of health professionals have been systematized in programs of continuing education for the health sciences. Persons charged with the management of such programs have tended to be those with professional training in a health science who have learned about continuing education while performing the tasks associated with their specialty. Rarely do directors of continuing education have professional training in the principles and methods of continuing education or adult education, even though their chief task is to structure effective learning experiences. Thus, while the director of continuing education attempts to promote the increased use of systematic learning by health professionals, he often lacks the same systematic learning with respect to his role as an educator.

That discrepancy between role performance and role preparation was perceived by the Department of Adult Education and the Division of Continuing Education in the Health Sciences at the University of British Columbia. A questionnaire survey was conducted early in 1971 to determine whether or not the need for training in continuing education was also perceived by those working in the field. This determination of need was undertaken to determine the feasibility of offering programs of professional preparation in continuing education for persons engaged in continuing education in the health professions.

## THE SURVEY

A questionnaire[1] consisting of seven items related to the need for training in continuing education was distributed to health science professionals in the United States and Canada. The mailing list included those who were active in or associated with continuing education in medicine, nursing, pharmacy, and dentistry. Some 535 questionnaires were mailed on January 18, 1971 and 158 (30 per cent ) were returned by February 15 with an additional 84 (16 per cent ) arriving between that date and March 15. A total of 242 questionnaires were returned for an overall completion rate of 46 per cent. The medical profession accounted for the largest number of returns with 76 or 31 per cent of the total followed by nursing with 69 (29 per cent), pharmacy with 51 (21 per cent), and dentistry with 32 (13 per cent). Fourteen respondents accounting for 6 per cent of the total indicated that they were not identified with one of the four major professional categories.

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[1] The questionnaire and letter of transmittal are reproduced in Appendix A of this report.

## THE RESPONDENTS

The respondents were asked to state their position with the employing organization and, as Table 1 shows, the largest number (44 per cent) were deans of university faculties.[2] More than two-thirds of the respondents in pharmacy and dentistry were faculty deans compared to 43 per cent in nursing and 24 per cent in medicine. Sixty-five respondents (27 per cent) were directors of continuing education,[3] and that title occurred most frequently in the responses from persons in medicine (34 per cent) and nursing (30 per cent). A miscellaneous group of positions comprised chiefly of professionals who worked in hospitals and professors in the health sciences accounted for 29 per cent of the respondents.

The respondents were located in 48 states and 8 provinces, with the Canadian replies accounting for 17 per cent of the total. As Table 2 indicates, the largest number of replies came from the North Central United States (24 per cent) followed by the North East states (21 per cent) and the South East states (14 per cent). In Canada, the largest number of respondents resided in Ontario followed by the prairie provinces.

There was some variation among the professions with respect to the geographic distribution of respondents. In medicine, 24 per cent of the replies came from North Central and 18 per cent from North East states, whereas 31 per cent of the nursing respondents were in North

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2 The dean category included associate and assistant deans with no specific title pertaining to continuing education, as well as directors of schools of nursing.

3 That category included several assistant or associate deans of continuing education in medical faculties.

TABLE 1

DISTRIBUTION OF RESPONDENTS BY PROFESSION AND POSITION

| Position | Medicine | | Nursing | | Pharmacy | | Dentistry | | Other | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | No. | % | No. | % | No | % | No | % | No | % | No. | % |
| Dean | 18 | 24 | 30 | 43 | 37 | 73 | 22 | 69 | 0 | 0 | 107 | 44 |
| Director of Continuing Education | 26 | 34 | 21 | 30 | 5 | 10 | 7 | 22 | 6 | 43 | 65 | 27 |
| Other | 32 | 42 | 18 | 26 | 9 | 18 | 3 | 9 | 8 | 57 | 70 | 29 |
| Total | 76 | 100 | 69 | 99 | 51 | 101 | 32 | 100 | 14 | 100 | 242 | 100 |

TABLE 2

DISTRIBUTION OF RESPONDENTS BY PROFESSION AND LOCATION

| Location | Medicine | | Nursing | | Pharmacy | | Dentistry | | Other | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | No | % | No | % | No | % | No | % | No. | % | No | % |
| United States: | | | | | | | | | | | | |
| North East | 14 | 18 | 21 | 31 | 9 | 18 | 4 | 13 | 3 | 21 | 51 | 21 |
| North Central | 18 | 24 | 19 | 28 | 13 | 25 | 5 | 16 | 4 | 29 | 59 | 24 |
| South East | 9 | 12 | 7 | 10 | 7 | 14 | 7 | 22 | 3 | 21 | 33 | 14 |
| South Central | 8 | 11 | 4 | 6 | 5 | 10 | 4 | 13 | 2 | 14 | 23 | 10 |
| Mountain | 1 | 1 | 4 | 6 | 5 | 10 | 0 | 0 | 0 | 0 | 10 | 4 |
| Pacific | 5 | 7 | 3 | 4 | 5 | 10 | 3 | 9 | 1 | 7 | 17 | 7 |
| Puerto Rico | 1 | 1 | 0 | 0 | 0 | 0 | 2 | 6 | 0 | 0 | 3 | 1 |
| Canada: | | | | | | | | | | | | |
| British Columbia | 6 | 8 | 0 | 0 | 1 | 2 | 1 | 3 | 0 | 0 | 8 | 3 |
| Prairie | 3 | 4 | 2 | 3 | 3 | 6 | 1 | 3 | 1 | 7 | 10 | 4 |
| Ontario | 4 | 5 | 5 | 7 | 1 | 2 | 2 | 6 | 0 | 0 | 12 | 5 |
| Quebec | 3 | 4 | 1 | 1 | 1 | 2 | 2 | 6 | 0 | 0 | 7 | 3 |
| Atlantic | 0 | 0 | 3 | 4 | 1 | 2 | 1 | 3 | 0 | 0 | 5 | 2 |
| Not Known | 4 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 2 |
| Total | 76 | 100 | 69 | 100 | 51 | 101 | 32 | 100 | 14 | 99 | 242 | 100 |

East states followed by 28 per cent in North Central states. The largest number of respondents in dentistry, however, were located in the South East states (22 per cent). The Mountain and Pacific regions accounted for a total of 8 per cent of the respondents in medicine, 9 per cent in dentistry, 10 per cent in nursing, and 20 per cent in pharmacy.

## EXPRESSED NEEDS

Most of the respondents (86 per cent) indicated that they thought it necessary or desirable for those involved in planning or conducting continuing education programs to have professional training in continuing education as well as in a health specialty. As Table 3 shows, the number supporting this view ranged from 78 per cent in dentistry to 90 per cent in nursing and pharmacy with 87 per cent in medicine. Almost three-fourths of the respondents added that they would like their present personnel to receive some professional education in continuing education. The number requesting such programs included 62 per cent in medicine, 72 per cent in dentistry, 80 per cent in pharmacy, and 83 per cent in nursing. (Table 4).

A number of respondents supplemented their responses to the questionnaire items with written comments on the form and in some cases letters were also received. One respondent stated that she would "prefer all individuals to have additional professional education in continuing education if they plan and implement educational programs." Another respondent indicated that the planners of continuing education programs should have preparation in adult education and cited such topics as the psychology of adults, learning theory, and the philosophy of adult

TABLE 3

DISTRIBUTION OF RESPONDENTS BY PROFESSION AND RESPONSE TO QUESTION 1.*

| Response | Medicine | | Nursing | | Pharmacy | | Dentistry | | Other | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % |
| Yes | 66 | 87 | 62 | 90 | 46 | 90 | 25 | 78 | 10 | 71 | 209 | 86 |
| No | 4 | 5 | 2 | 3 | 3 | 6 | 4 | 13 | 1 | 7 | 14 | 6 |
| Don't Know | 4 | 5 | 1 | 1 | 2 | 4 | 3 | 9 | 0 | 0 | 10 | 4 |
| No Response | 2 | 3 | 4 | 6 | 0 | 0 | 0 | 0 | 3 | 21 | 9 | 4 |
| Total | 76 | 100 | 69 | 100 | 51 | 100 | 32 | 100 | 14 | 99 | 242 | 100 |

* "Do you consider it necessary and/or desirable that those involved in planning or conducting continuing education programs have professional training in continuing education in addition to their health specialty?"

TABLE 4

DISTRIBUTION OF RESPONDENTS BY PROFESSION AND RESPONSE TO QUESTION 2 *

| Response | Medicine | | Nursing | | Pharmacy | | Dentistry | | Other | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % |
| Yes | 47 | 62 | 57 | 83 | 41 | 80 | 23 | 72 | 8 | 57 | 176 | 73 |
| No | 14 | 18 | 4 | 6 | 3 | 6 | 4 | 13 | 1 | 7 | 26 | 11 |
| Don't Know | 6 | 8 | 2 | 3 | 6 | 12 | 2 | 6 | 1 | 7 | 17 | 7 |
| No Response | 9 | 12 | 6 | 9 | 1 | 2 | 3 | 9 | 4 | 29 | 23 | 9 |
| Total | 76 | 100 | 69 | 101 | 51 | 100 | 32 | 100 | 14 | 100 | 242 | 100 |

* " Would you like your present personnel to receive some professional education in continuing education?"

education. A nursing school director noted that faculty members are not prepared to teach adults and therefore "they talk down to them and turn them off. I have just had feedback on a program whereby the audience literally walked out." A dean of a medical faculty noted the need for training in continuing education and commented: "I doubt if it needs to be labelled training in continuing education per se so long as it involves detailed study about adult learning and teaching."

Although the training of professionals in continuing education appeared to be the chief focus of the comments made by the respondents, one director of continuing education in the health sciences perceived a broader function for such a program.

> There is much more to this need than the direct training of a given number of professional workers. As much as anything, the field needs the central thrust of interest and academic endeavour that is provided by a formal educational program. As you know, at present the professionals in continuing education exist at the fringe of a number of areas without a central focus with which to relate. We touch on the content and technological developments in the individual health science disciplines, professional education, communications technology, and advanced library science but cannot commit to the mainstream of any. The focus that even a single academic program could provide would be of extreme value through the development of a body of knowledge, the evolution of a literature, and creation of a reference point for questions and direction for those of us who are forced to stumble through the details and trials of everyday tasks. In addition to our own needs in continuing education, I have for some time been convinced that the fields of professional education per se have been underutilizing the experimental potentials of continuing education for basic research and development efforts. Generally, continuing education efforts are relatively focused, short term, repetitive in nature, and easily adapted to different approaches. Educational innovations that require five years to implement in a School of Medicine curriculum, for example, could conceivably be designed, tested, refined, and evaluated in the continuing education setting in much less time and at a fraction of the cost.

There appeared to be general agreement on the desirability of providing preparation in continuing education, but a diversity of opinions were expressed with respect to the way in which such training should be provided. As Table 5 shows, the largest number of respondents (46 per cent) wanted training to be available on a part-time basis with 26 per cent preferring a full-time program. Thirty-two per cent of the respondents in both medicine and nursing preferred full-time training compared to 22 per cent in dentistry and 16 per cent in pharmacy. Part-time training was favoured by 59 per cent in pharmacy and 53 per cent in dentistry as opposed to 29 per cent in medicine and 38 per cent in nursing.

Several respondents emphasized that any training provided should be practical in nature. One noted that preparation in continuing education "should be helpful if highly pragmatic. Any training program that I know of would be of little help, and if highly theoretical, would even have a negative effect." In addition to study for an academic degree in continuing education, several other forms of training were suggested including correspondence courses, directed individual study, seminars, short courses, and workshops. The suggested duration of such activities ranged from two or three days to six or eight weeks. One respondent noted that several well-selected short courses would provide adequate preparation.

## INSTITUTIONAL SUPPORT

The ability and willingness of employing institutions to provide sabbatical leave and financial support for persons desiring to study continuing education were explored in two questionnaire items. As Table 6 indicates, 17 per cent reported that sabbatical leave could

TABLE 5

DISTRIBUTION OF RESPONDENTS BY PROFESSION AND RESPONSE TO QUESTION 3*

| Response | Medicine | | Nursing | | Pharmacy | | Dentistry | | Other | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % |
| Full-time | 24 | 32 | 22 | 32 | 8 | 16 | 7 | 22 | 2 | 14 | 63 | 26 |
| Part-time | 30 | 39 | 26 | 38 | 30 | 59 | 17 | 53 | 8 | 57 | 111 | 46 |
| Other | 7 | 9 | 13 | 19 | 6 | 12 | 5 | 16 | 2 | 14 | 33 | 14 |
| No Response | 15 | 20 | 8 | 12 | 7 | 14 | 3 | 9 | 2 | 14 | 35 | 14 |
| Total | 76 | 100 | 69 | 101 | 51 | 101 | 32 | 100 | 14 | 99 | 242 | 100 |

* Would you like professional education in continuing education to be available: full-time, part-time, or on some other basis?

TABLE 6

DISTRIBUTION OF RESPONDENTS BY PROFESSION AND RESPONSE TO QUESTION 4*

| Response | Medicine | | Nursing | | Pharmacy | | Dentistry | | Other | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % |
| Yes | 15 | 20 | 15 | 22 | 6 | 12 | 6 | 19 | 0 | 0 | 42 | 17 |
| No | 12 | 16 | 17 | 25 | 7 | 14 | 11 | 34 | 1 | 7 | 48 | 20 |
| Don't Know | 20 | 26 | 17 | 25 | 11 | 22 | 4 | 13 | 4 | 29 | 56 | 23 |
| No Response | 29 | 38 | 20 | 29 | 27 | 53 | 11 | 34 | 9 | 64 | 96 | 40 |
| Total | 76 | 100 | 69 | 101 | 51 | 101 | 32 | 100 | 14 | 100 | 242 | 100 |

* Would you be prepared to provide a sabbatical leave for full-time study?

be provided while the majority of respondents either made no response or did not know whether sabbaticals would be made available. The number of cases in which leave would be provided ranged from 12 per cent in pharmacy to 22 per cent in nursing. Financial support for personnel involved in the study of continuing education would be provided by 29 per cent of the employing institutions with only 28 per cent giving a definite negative response. As Table 7 shows, financial support was a possibility for 37 per cent of the respondents in medicine as well as 34 per cent in dentistry and 33 per cent in pharmacy, however, the nursing figure was only 16 per cent.

Obtaining financial support for persons undertaking study was a problem that received comment from a number of respondents. One dean would provide sabbatical leave for study "if another faculty member were interested in preparing for this area," while another would provide financial support only if non-university funds were available. A dean of a pharmacy faculty would not allow sabbatical leave for study "only because of lack of faculty and budget." A few respondents noted that they would make available financial support if they could arrange it within their budgets. A letter from a director of continuing medical education notes:

> Finances would be a problem for long term training. Sabbatical leave could be arranged, but the stipends available here at the University are below subsistence level. On the other hand, salaries would continue and expenses be paid for short periods of up to 6 - 8 weeks.

The difficulty in obtaining financial support was summarized by one respondent who stated:

TABLE 7

DISTRIBUTION OF RESPONDENTS BY PROFESSION AND RESPONSE TO QUESTION 5*

| Response | Medicine | | Nursing | | Pharmacy | | Dentistry | | Other | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % |
| Yes | 28 | 37 | 11 | 16 | 17 | 33 | 11 | 34 | 4 | 29 | 71 | 29 |
| No | 16 | 21 | 27 | 39 | 13 | 25 | 11 | 34 | 2 | 14 | 69 | 28 |
| Don't Know | 21 | 28 | 20 | 29 | 13 | 25 | 5 | 16 | 3 | 21 | 62 | 26 |
| No Response | 11 | 14 | 11 | 16 | 8 | 16 | 5 | 16 | 5 | 36 | 40 | 17 |
| Total | 76 | 100 | 69 | 100 | 51 | 99 | 32 | 100 | 14 | 100 | 242 | 100 |

* Would you prepared to provide financial support for personnel involved in professional education in continuing education ?"

> "I suspect that student recruitment for such a program may prove a problem despite the extent of the need. We are not an affluent field which can afford major stipends and we are not a well-recognized field of endeavour which is likely to draw students making deliberate career choices. Some healthy foundation support and wide publicity might be required to assure a sufficient student group in the first several classes.

## EMPLOYMENT OPPORTUNITIES

There would appear to be a number of new positions available shortly to personnel with preparation in continuing education. Some 35 per cent of the respondents indicated that they anticipated hiring new personnel for continuing education in the near future while an additional 17 per cent did not know if they would have new positions available. The largest number of new positions (45 per cent) were noted by respondents in medicine, followed by nursing (39 per cent), dentistry (28 per cent), and pharmacy (22 per cent). (Table 8) In almost every case where new personnel were to be employed, the respondent indicated a preference for additional professional preparation in continuing education. As Table 9 shows, 46 per cent preferred such preparation, and the preference was strongest in nursing and medicine.

## CONCLUSIONS

Several conclusions emerge from the survey conducted to determine the need for programs of professional preparation in continuing education for the health sciences.

TABLE 8

DISTRIBUTION OF RESPONDENTS BY PROFESSION AND RESPONSE TO QUESTION 6 *

| Response | Medicine | | Nursing | | Pharmacy | | Dentistry | | Other | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % |
| Yes | 34 | 45 | 27 | 39 | 11 | 22 | 9 | 28 | 4 | 29 | 85 | 35 |
| No | 25 | 33 | 17 | 25 | 24 | 47 | 19 | 59 | 4 | 29 | 89 | 37 |
| Don't Know | 11 | 14 | 12 | 17 | 13 | 25 | 4 | 13 | 2 | 14 | 42 | 17 |
| Not applicable | 5 | 7 | 9 | 13 | 3 | 6 | 0 | 0 | 2 | 14 | 19 | 8 |
| No Response | 1 | 1 | 4 | 6 | 0 | 0 | 0 | 0 | 2 | 14 | 7 | 3 |
| Total | 76 | 100 | 69 | 100 | 51 | 100 | 32 | 100 | 14 | 100 | 242 | 100 |

* "Do you anticipate hiring any new personnel for continuing education in the near future?"

TABLE 9

DISTRIBUTION OF RESPONDENTS BY PROFESSION AND RESPONSE TO QUESTION 7*

| Response | Medicine | | Nursing | | Pharmacy | | Dentistry | | Other | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % |
| Yes | 39 | 51 | 38 | 55 | 18 | 35 | 11 | 34 | 6 | 43 | 112 | 46 |
| No | 3 | 4 | 2 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 2 |
| Don't Know | 9 | 12 | 4 | 6 | 2 | 4 | 2 | 6 | 0 | 0 | 17 | 7 |
| No response | 25 | 33 | 25 | 36 | 31 | 61 | 19 | 59 | 8 | 57 | 108 | 45 |
| Total | 76 | 100 | 69 | 100 | 51 | 100 | 32 | 99 | 14 | 100 | 242 | 100 |

* "Would you prefer that new personnel have additional professional education in continuing education?"

1. There was a need expressed by those engaged in continuing education in the health sciences for programs of professional preparation in continuing education for the health sciences.

2. The expressed need for such programs existed at a fairly high level in each of the major health sciences although minor variations were observed from profession to profession.

3. The willingness to support programs of professional preparation in continuing education and the perceived increase in positions appears to be related to the number of persons who are currently employed in the field. In both respects, medicine and nursing seemed to offer a more favourable climate than did pharmacy and dentistry for the development of the continuing education function in the near future.

4. Several types of programs would be required to meet the needs for professional preparation expressed by persons currently engaged in continuing education in the health sciences. These might include programs of study for a graduate degree in continuing education, short courses ranging from one to six weeks duration, and programs of directed individual study.

5. Programs of professional preparation in continuing education for the health sciences should emphasize the practical application of principles related to adult learning, instruction, and program design.

6. Financial support from non-university sources would be required to enable the participation of the largest possible number of persons desiring to take professional preparation in continuing education for the health sciences.

# APPENDIX A

## THE UNIVERSITY OF BRITISH COLUMBIA

HEALTH SCIENCES CENTRE
VANCOUVER 8, CANADA

CONTINUING EDUCATION IN THE HEALTH SCIENCES
TASK FORCE BUILDING Phone: 228-3250

January 18th, 1971

The Division of Continuing Education in the Health Sciences and the Department of Adult Education at The University of British Columbia are planning to establish a program for health professionals who have responsibility in continuing education. The purpose of this program will be to prepare health professionals as specialists in continuing education. Such a program would involve systematic, academic study relating to educating adults, practical experience in designing and managing programs for particular professional groups, and experience in research and evaluation related to continuing education in the health sciences.

The curriculum will be structured in such a way that various levels may be attained:

Directed Study - is not a degree or diploma program but permits the study to study continuing education in terms of his own needs and interests.

Diploma - would require 18 units of course work.

Master of Arts - would require one academic year in residence, 15 units of academic course work and a thesis.

Master of Education - would not require continuous residence, and may be achieved through part-time study. It would consist of 15 units and a thesis, or 21 units without a thesis.

Doctor of Education - would require two years in residence, such course work as may be necessary, and a dissertation.

In developing this program we are interested in determining the degree of interest that such a proposal might stimulate among those involved in continuing education of health professionals. We would ask your co-operation in completing the enclosed questionnaire and forwarding it to the address above by February 15th, 1971.

Yours sincerely,

Coolie Verner, A. M., M.A., Ed.D.
Professor of Education and
Consultant, Adult Education
Faculties of Education and Medicine

H. Ormond Murphy, M.D.
Chairman, Committee on Continuing
Education in the Health Sciences

NAME _____

PROFESSION Dentistry ( ) Medicine ( ) Nursing ( ) Pharmacy ( )

Other (please state) _____

POSITION _____

ADDRESS _____

Do you consider it necessary and/or desirable that those involved in planning or conducting continuing education programs have professional training in continuing education in addition to their health specialty?

Yes ( ) No ( ) Don't know ( )

Would you like your present personnel to receive some professional education in continuing education?

Yes ( ) No ( ) Don't know ( )

If yes, would you like this to be available:

Full time ( ) Part time ( ) Other ( )

If full time, would you prepared to provide a sabbatical leave for this study?

Yes ( ) No ( ) Don't know ( )

Would you be prepared to provide financial support for personnel involved in professional education incontinuing education?

Yes ( ) No ( ) Don't know ( )

Do you anticipate hiring any new personnel for continuing education in the near future?

Yes ( ) No ( ) Don't know ( ) Not applicable ( )

If yes, would you prefer this individual to have additional professional education in continuing education?

Yes ( ) No ( ) Don't know ( )

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on Adult Education